New England Deaconess Hospital
Boston, Massachusetts

pulse

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Recovery room . . .

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blood other than to replace blood lost during shock or acute hemorrhaging. Packed blood cells often have more benefits than whole blood.

Dr. George L. Blackburn, Assistant Professor of Surgery at the Harvard Medical School and Associate staff surgeon at NEDH, gave a lecture entitled "Hyperalimentation and Intravenous Therapy."

Excessive amounts of protein (nitrogen) are lost in stressful situations, such as major surgery. What the patient needs are calories to replenish the body.

Dr. Blackburn advised that the senior surgeon under sterile conditions should place the catheter for hyperalimentation to avoid complications.

Mrs. Marsha S. Gleason, R.N., staff nurse in the NEDH recovery room, brought the seminar down to basics with a talk and slide show on recovery room design and logistics.

Mr. Charles Spaulding, assistant director of maintenance and engineering at NEDH and Mr. David McLean, member of the NEDH maintenance and engineering department, spoke on electrical hazards in the recovery room. Mr. Spaulding said that if equipment is in good shape, common sense in its use should avoid most hazards. Mr. McLean suggested an equipment control program with an ongoing surveillance of all equipment by the electronics man in each hospital.

Miss Ruth A. Doogan, R.N., assistant head nurse in the NEDH recovery room, concluded the day's lectures with a talk on recovering room monitoring systems. She stressed that monitoring systems cannot replace an observant nurse.

Lunch was accompanied by a slide show entitled "Sights and Sounds in the Recovery Room from a Patient's Point of View" produced by Miss Anne Kreidler, former public relations assistant at NEDH.

The two-day seminar concluded with technical exhibit demonstrations. The intra-aortic balloon pump was demonstrated by Miss Linda Hickey, R.N., and Miss Nancy Sweeney, R.N., staff nurses in the NEDH recovery room. Miss Nancy Rizzo, chief physical therapist at NEDH and Lahey Clinic, demonstrated chest physiotherapy. Mr. Leo Sheehan, representative of the General Medical Company, illustrated the use of the ventilator. Miss Nancy Dolan, R.N., cardiac clinician at NEDH, pointed out the equipment that goes into a well-stocked emergency cart.

The exchange of information and ideas that took place at this first recovery room seminar should keep New England recovery room nurses full of activity. The two days were filled with intense learning experiences.

Pictured are: (l.-r.) Mr. David R. Palmer, trustee, Mr. C. Vincent Vappi, president of the corporation, Mr. Laurens MacLure, chairman of the board, and Mr. John I. Carlson, Jr., trustee.

NEDH Corporation holds annual meeting

On Tuesday, November 20, the Corporation of the New England Deaconess Hospital held its annual meeting to review the accomplishments of the past year and to hear some of the goals for the months ahead.

As Corporation President C. Vincent Vappi pointed out, "This has been an eventful year for the Deaconess Hospital. Among the more significant events have been the arrangement for a $14,900,000 financing through the Massachusetts Health and Educational Facilities Authority to cover past and current physical plant expansion, and the establishment of the base of Harvard Medical School's Fifth Surgical Service directed by Dr. William V. McDermott at the Deaconess Hospital, under a teaching program to be known as 'The New England Deaconess - Harvard Surgical Service.' "

Mr. Laurens MacLure and Mr. C. Vincent Vappi were re-elected to the offices of chairman of the board and president respectively, as were Mr. James F. Farr and Colby Hewitt, Jr., vice presidents, and James T. Mountz, clerk. Newly elected to the position of treasurer was Mr. F. Thayer Sanderson who replaced Mr. Henry S. Rogerson after seventeen years in the position. To honor Mr. Rogerson's many years of excellent service, the following vote was taken:

Voted: The New England Deaconess Hospital's officers, trustees, members of the corporation and administrative staff warmly thank Henry S. Rogerson for his outstanding service to the hospital and for his faithful service as treasurer from 1956-1973.

Mr. Rogerson, though relinquishing his responsibility as treasurer, will continue as a trustee and as a member of the Investment Committee. Mr. Sanderson, as the new treasurer, will become a member of the Executive Committee.

Elections to the board of trustees included Warren S. Berg, John S. Carlson, Jr., and David R. Palmer, in addition to the formal approval through the passage of new corporate by-laws to naming the Residents of the Medical Staff and the Friends of the Deaconess as ex officio trustees during their terms of office.

Five new members joined the Corporation. Joseph E. Lovejoy of South Hamilton, Mass., and Robert J. Spiller, of Winchester, Mass., and three district superintendents of the Methodist Church, the Rev. James A. Batten, the Rev. Rene O. Bideaux, and the Rev. Dr. Richard E. Harding.

Construction financing

To finance the continued physical expansion of the hospital, the trustees have found it necessary to raise funds from outside sources.

On similar occasions in the past, the Deaconess has secured a loan from a bank or taken out a mortgage on its property with a large insurance company wishing to invest its funds. However, in this instance the trustees decided to raise money through the Massachusetts Health and Educational Facilities Authority, an agency established by the state which raises mortgage money for health and educational projects by selling bonds to the public. Interest on these bonds is exempt from federal and Commonwealth income tax.

On November 8 the Massachusetts Health and Educational Facilities Authority sold $14.9 million of bonds backed by the Deaconess' property and future revenues. The net interest cost to the hospital for these funds over the 30-year life of the bond issue will be only 5.61 per cent at a time when funds from other sources would have entailed a nine to ten per cent interest charge.

The proceeds from the bond issue will be used to refinance the Farr Building and the parking garage on Pilgrim Road, to finance the new clinical laboratory and radiation therapy facility being built on the Norwich House site, and to purchase new equipment.

The financial strength of the Deaconess was evidenced by the granting of an A rating by Standard and Poor's Corporation and an A-1 rating by Moody's Investors Service, Inc., the highest ratings ever given for a hospital bond issue by these national bond-rating companies.

Miss Mary Corcoran retires

After five years as administrative assistant to Director of Nursing Ellen D. Howland, Miss Mary Corcoran retired on November 9.

Before Miss Corcoran came to the Deaconess she had been executive secretary in the Food and Flavor Department of the Arthur D. Little Company. Her other working experiences had all been in the medical field — on the editorial staff of a journal and working with physicians in editing and revising their medical textbooks.

At the Deaconess Miss Corcoran worked with nursing students on the scholarship and loan program, with the admissions committee on applications to the school, and with Miss Howland on the many administrative aspects of the nursing department. She helped arrange graduation ceremonies and school reunions.

Retirement will not put a damper on the type of enthusiasm Miss Corcoran brought to the job. It will be transferred to gardening, furniture refinishing, and travelling. She hopes to visit Europe again, specifically Scotland, Italy, and Yugoslavia. And she hopes to see more of her friends.

Her friends, associates, and her sister Dorothy honored Miss Corcoran at a retirement tea held November 9 in Harris Hall. Pictured questioning the contents of the gift are: (l.-r.) Miss Howland, Miss Corcoran, and Director Richard E. Lee. Miss Corcoran was surprised with a handsome gold necklace from the Deaconess and a leather handbag with a "penny" for good luck from her friends at the hospital.

NEDH and the energy crisis

Those were the days, my friends. Those were the days when you could drive to the beach or the mountains legally going 70 miles an hour. Those were the days when you could turn up the thermostat when you were cold and turn on the air conditoner when you were hot. And those were really the days when you could tell the gas station attendant to fill it up and he actually did.

Reminisce because those days are no more. Now we have an energy crisis and it's going to take you longer to get to the beach or ski resort if you can get there at all.

The New England Deaconess Hospital is participating in the nation's efforts to conserve energy. Mr. Cornelius H. Keating, manager of maintenance and engineering, is putting his men to work on the problem.

He pointed out that the hospital spends $640,000 annually for electricity, steam and fuel, chilled water, and regular water. That's a sizeable sum. These costs are not fixed items and can be adjusted to fit the situation, which is grim at the moment. If the Deaconess saved 16 per cent on its energy bill, it would save $100,000 on the budget. A sum well worth saving.

Besides dollars, such a cutback would save energy, much of it wasted energy. For example, the law requires that public corridors and stairwells be lighted with a minimum equivalent of five foot candle power. Most of the hospital's corridors are lighted at 30 to 35 candle power.

To lessen the waste in electricity, maintenance men have been removing every other light bulb from hallways. Six hundred bulbs have been removed from the Farr building alone.

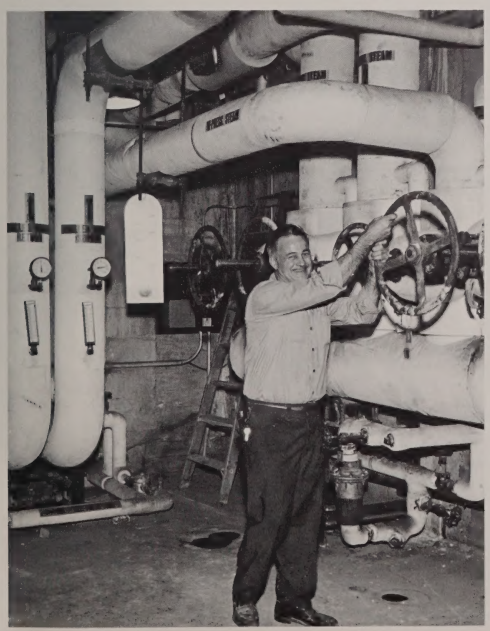
Conserving heat is the biggest energy saver. The Deaconess is doing all it can in this department. It is emphasized that patient areas will not have their heat adjusted. Patient care is the primary concern here, not heating bills.

But those of us who shiver in June will have noticed a drop in temperature in our offices. The hospital is setting thermostats at 65°F., a few degrees lower than usual. Surely 65°F. is better than no heat at all and wearing a sweater should solve most problems.

The Shields Warren Radiation Laboratory, which is closed nights and weekends, has been put on a seven-day clock. This device automatically cuts back heat from 7 P.M. to 6 A.M. and all day Saturday and Sunday. This results in a ten per cent savings in fuel for just this building. A seven-day clock is also being installed in 25 Autumn Street. The Medical Office Building tenants are being asked to lower their thermostats on nights and weekends.

There are two ten-inch steam supply pipes that connect the Deaconess to the Harvard Power Plant, its source of steam. One of these pipes has been shut off with no loss in heat and a big savings in energy.

The lighting in the Pilgrim Road garage has been reduced by two-thirds. Water pipes for fire protection at the garage are now filled with water containing medically pure glycerin to prevent the pipes from freezing. This method replaces electrical heating cords which were wrapped around the pipes.



Steam fitter Fred Coderre tries to cool off the steam entry room.

Floor mechanics John Reed (l.) and James McCormick save the Deaconess electricity be removing every other light bulb from corridors.

The hospital is no longer buying water-cooled air conditioners for ecological and economical reasons. Water-cooled air conditioners currently in use are being phased out.

The Maintenance and Engineering Department and Kathabar Corporation, manufacturers of heating and cooling equipment, are doing feasibility studies to determine if fuel can be saved in other areas of the hospital.

The Deaconess is looking for ways to preheat the water needed for the laundry's washers with recovered heat from the exhaust air from washers and dryers. The feasibility of recovering heat from the laundry's waste water, which is discharged at 140°F., is being studied.

The hospital hopes to capture the lost heat exhausted to the atmosphere in the steam entry room and use it to pretemper the supply air to the main kitchen. The steam room is conveniently located above the kitchen air intake louver.

Due to a change in the amount of air allowed by law to be recirculated in operating rooms it is hoped that 75 per cent of all air exhausted from the Farr building will be recovered. The Farr building uses no recirculated air at present. The air can now be purified for reuse in central air conditioning and heating plants, an economical plus.

Maintenance and the Kathabar Corporation are trying to devise a means of avoiding the use of chilled water from mid-November to mid-April. Chilled water is used in the Farr building to cool interior rooms.

The Maintenance Department asks that they be notified of all dripping faucets, since a faucet that drips once a second uses 700 gallons of water a year.

All employees can help the Deaconess conserve energy. When you are warm, shut off the radiator instead of opening windows. Make sure all storm windows are shut. Turn down all thermostats when you go home at night and especially on weekends. When you are not using lights and electric typewriters turn them off. And conserve water, especially hot water. Make sure you shut off faucets firmly.

If we all conserve a little, maybe we can bring back the good old days.

NEDH serves Christmas Dinner

Hospitals remain open every day, even on Christmas. Patient care is needed on holidays just as it is on any other day of the week.

Although most of us will be home enjoying a Christmas Day of family, friends, and feasting, some Deaconess employees will be working. There is a special feeling in the air on Christmas, and the hospital is hoping to make the work-day even brighter by treating the employees to a sumptuous Christmas meal. Dinner will be served on December 25 to employees and pensioners in the Deaconess cafeteria 11:30 A.M. to 1:30 P.M.

It's the Deaconess way of wishing its employees who work that day a Merry Christmas.

NEDH presents recovery room seminar

The first recovery room seminar in New England was presented by the New England Deaconess Hospital on November 30 and December 1 at the Copley Plaza Hotel, Boston. Prepared under the guidance of Dr. Ellison C. Pierce, Jr., Anesthesiologist at NEDH, the seminar welcomed 210 nurses, supervisors, nurse anesthetists, and licensed practical nurses from the six New England states.

Among topics covered were management of post-surgical complications in the recovery room, cardiac and respiratory care, and hematology, hyperalimentation, and intravenous therapy.

Recovery room care as it is practiced today is only 25 years old, originating in the United States after World War II. At first physical facilities were poor. There were no ventilators or cardiac monitors. Oxygen was administered by nasal catheter.

Common problems in the recovery room were severe post-operative excitement and cardiac arrests, the latter managed by open thoracotomy and manual compression of the heart. Sophistication in care and management in the recovery room has advanced considerably since those days.

The seminar began with a welcome by Dr. Pierce and Miss Mary Jo Mugnier, R.N., head nurse of the NEDH recovery room. Dr. Pierce was the moderator for the morning session and Dr. Frederick S. McAlpine, NEDH staff and Chairman of the Department of Anesthesia at the Lahey Clinic Foundation, for the afternoon.

Dr. Leroy D. Vandam, Professor of Anaesthesia at the Harvard Medical School and Anesthesiologist in Chief at the Peter Bent Brigham Hospital, was the first guest speaker, lecturing on the early post-operative complications. He cited the most common problem as circulatory difficulties.

He pointed out that all problems are inter-related and affect all vital organs of the body. Nurses in the recovery room often need to be diagnosticians to aid in therapy.

Dr. Edward Lowenstein, Associate Professor of Anaesthesia at the Harvard Medical School and Anesthetist at Massachusetts General Hospital, lectured on management of pain and excitement.

Dr. Lowenstein said that a different approach to post-operative pain is the administration of pre-mixed nitrous oxide and oxygen called entonox which has minimal effect on circulation.

He noted that in a threatening operation, such as one for cancer, pain will be more severe. Kindness by staff can lessen the severity of pain.

Miss Nancy Dolan (L), R.N., cardiac clinician at NEDH, answers questions and shows a well-equipped emergency cart.

Dr. Ellison C. Pierce, Jr., Anesthesiologist at NEDH, and Miss Mary Jo Mugnier, R.N., head nurse in the NEDH recovery room, keep the seminar on schedule.

"Care of the Unconscious Patient" was the subject of the lecture given by Dr. Charles A. Fager, NEDH staff and Chairman of the Department of Neurosurgery of the Lahey Clinic Foundation. He stressed that physicians must give nurses adequate instruction in what to look for in a patient.

Dr. O. Stevens Leland, Jr., Director of Cardiology at NEDH, lectured on "Cardiac Problems following Surgery." He said that coronary disease patients, diabetics, and other high risk individuals need careful monitoring.

Dr. Pierce gave a lecture entitled "The Evaluation and Management of Post-operative Oxygenation," which was followed by a closely related lecture, "The Evaluation and Management of Ventilation in the Recovery Room," given by Dr. Leonard S. Bushnell, Assistant Professor of Anaesthesia at the Harvard Medical School and member of the Department of Anesthesia and Respiratory Therapy at Beth Israel Hospital.

They pointed out that the approach and treatment of oxygenation problems are different but related to those of ventilation.

Dr. Wilford B. Neptune, Thoracic and Cardiovascular Surgeon at NEDH and member of the Overholt Thoracic Clinic, lectured on the management of patients after thoracic surgery. He stressed that there should be dialogue between the patient and anesthetist before surgery and recovery room nurses during recovery. Dr. McAlpine added that machines do not replace the watchful eyes of nurses.

Dr. Joseph P. Crehan, Director of Respiratory Therapy at NEDH and member of the Department of Anesthesia of the Lahey Clinic Foundation, concluded the day's lectures with a talk on "Evaluation of Methods for Preventing Post-operative Atelectasis."

At a dinner at the Copley Plaza Hotel that evening, Miss Margaret Burns, R.N., associate director of surgical services at NEDH, addressed the audience. She pointed out that recovery room nursing has become a clinical speciality over the years.

Miss Mary Jo Mugnier told the diners that half of the hospitals responded to the brochures she and her staff had sent announcing the seminar. When she asked if anyone was interested in a second recovery room seminar to be held next year, positive response was overwhelming.

On the second day of the seminar, Miss Mugnier acted as moderator. She introduced Dr. Hugh M. Pyle, NEDH staff, Clinical instructor of Medicine at the Harvard Medical School, and Senior Investigator at the Center for Blood Research, who lectured on blood transfusions, blood substitutes, and component therapy. In using blood component therapy, Dr. Pyle advises tailoring the blood to the particular needs of the individuals. Most patients do not need whole

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The New England Deaconess Hospital is a 482-bed and 16-building complex. Physicians from the Joslin Diabetes Foundation, Inc., the Lahey Clinic, Overholt Thoracic Clinic and the independent medical and surgical staffs serve the needs of their patients at the hospital. The Deaconess is internationally known for diagnosis, treatment and research in brain and chest surgery, cancer, diabetes and general medicine.

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NEDH AND THE ENERGY CRISIS: See article page 3.

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